

# THE MEDICAL NEWS AND LIBRARY.

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### CLINICS.

#### CLINICAL LECTURE.

*Clinical Lecture on Subacute and Chronic  
Rheumatism.*—Delivered at St. George's  
Hospital. By HENRY WM. FULLER, M.D.,  
Physician to the Hospital.

**GENTLEMEN:** In my last two lectures my  
observations were confined to cases of acute  
rheumatism, or rheumatic fever; to-day I  
propose to bring under your notice some  
varieties of disease which pass under the  
title of chronic rheumatism. Before doing  
so, however, I would say a few words re-  
specting the cases admitted into the hospital  
under the title of subacute rheumatism—  
cases characterized by more or less swelling  
of the joints, with slight feverishness, accele-  
ration of pulse, and coating of the tongue;  
but nevertheless not ushered in by rigors,  
and not marked by that degree of fever and  
excitement of the circulation, nor by the  
same amount of coating of the tongue, nor  
by the profuse sour-smelling perspiration  
and loaded urine, nor by the redness and

exquisite pain and tenderness of the joints,  
which accompany acute rheumatism. In  
some hospitals, and by many practitioners,  
these cases are styled "acute rheumatism;"  
and there cannot be a doubt that the nature  
of the disease is the same in the one class  
of cases as in the other. But those of you  
who have watched the large number of pati-  
ents whose symptoms are designated "sub-  
acute" in this hospital, must be aware how  
strictly they deserve the title which is given  
to them. They are truly "subacute," as  
compared with those which are styled acute;  
and the treatment required is in keeping  
with their subacute character. I will in-  
stance the case of M. H.—, aged twenty-  
four, who was admitted into the Queen's  
ward on the 13th of January, 1862. Three  
weeks before her admission this woman  
was attacked with pain and swelling of the  
ankles, and one week before admission the  
right knee became swollen and painful,  
rendering it difficult for her to walk even  
across the room. When I first saw her the  
skin was warm and moist—not hot and

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**☞ In no case is this periodical sent unless the subscription is paid in advance.**

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perspiring; the ankles and the right knee were swollen, principally from effusion within the capsule, but were not red, and were scarcely tender to the touch; the tongue was only slightly coated; the bowels were acting regularly; the urine was somewhat cloudy; the pulse 96, soft; the catamenia were regular: the appetite was good; the heart's action was regular and its sounds were clear. She told us that the pains were much relieved by warmth; and as guaiacum is a medicine which has always appeared to me to be signally useful in such cases, I determined to administer, every six hours, the guaiacum mixture of the *Pharmacopœia*, with the addition of half a drachm of carbonate of potash, half a drachm of acetate of potash, and six grains of iodide of potassium. At the same time I limited her diet to fish and beef-tea. By these means I hope to stimulate the action of the skin, to counteract acidity, to promote the action of the kidneys, and to check the further formation of the matières morbi. The iodide of potassium was given because observation has led me to believe that in subacute and chronic cases in which the articular swelling is referable principally to effusion within the capsule of the joint, this salt assists in promoting absorption of the synovial fluid, and acts beneficially as an alterative. Be this as it may, the result was satisfactory; relief was speedily obtained, and she left the hospital quite well at the end of the week (on the 19th).

In many of these cases the skin is very inactive, and when, as often happens, its inactivity appears to be in great measure the cause of the continuance of the rheumatic pains, hot baths, hot-air baths, and vapour baths are essential adjuncts to the treatment. Sometimes the liver is very sluggish, as indicated by the muddiness of the complexion, the yellowness of the conjunctive, and the furring of the tongue; and in such instances no permanent relief will be obtained until the diet has been carefully regulated, and the liver stimulated, by repeated doses of some mercurial preparation. An excellent example of this fact has been under your notice in the case of J. B.—, aged twenty-one, in Holland ward. This woman was admitted on the 10th of February, 1862, suffering rather severely from articular pain and swelling of ten days' duration. Her skin was warm and dry, not hot and perspiring, and her general

symptoms were hardly such as to justify us in classing her case as one of acute rheumatism. Her symptoms were treated in accordance with their subacute character. Her skin was acted on by means of a hot-air bath, and the guaiacum mixture was ordered to be taken every six hours, with the addition of half a drachm of carbonate of potash and half a drachm of acetate of potash. At the same time, as her complexion was muddy, the conjunctive yellowish, and the tongue exceedingly furred, and as the bowels were sluggish, I deemed it right to administer on alternate nights five grains of calomel and five grains of the compound extract of colocynth, followed in the morning by a senna draught, containing half an ounce of the potassium-tartrate of soda. Moreover, her diet was limited to beef-tea. The bowels were freely acted on by the medicine, and after each evacuation the pains were relieved, so that in a few days the swellings subsided and she was enabled to leave her bed. At this time (on the 16th) the complexion was still muddy and the tongue coated, though less so than before. As she was almost free from pain, and begged for an increased allowance of food, I was induced to give her a small quantity of meat. The result was an immediate return of articular pain and swelling, which I attempted in vain to relieve by alkaline medicines and hot-air baths. No impression could be made on the symptoms until beef-tea had been again prescribed as her diet, and recourse was again had to colocynth and calomel, to stimulate the secretory action of the liver and evacuate the acrid contents of the bowels. Relief was then obtained in a few days, and though her tongue had not thoroughly cleaned, and her complexion remained sallow, she was going on steadily to recovery. Some of you, however, having expressed a doubt as to whether her relapse was indeed attributable to my having given her meat and ceased to purge her, whether the recurrence of her symptoms at that particular moment was not a mere coincidence, I determined to satisfy you on this point by again ceasing to administer purgatives, and by ordering her meat for her dinner. The result was an immediate recurrence of pain and articular swelling, and a confirmation of my suspicions on the subject. Similar cases are of frequent occurrence, and are amongst the most obstinate met with in practice, if recourse is not had to repeated

—I had almost said the daily—administration of purgatives.

So again, when the constitution is weak and the patient is exhausted, rheumatic medicines—falsely so called—are of little avail for the cure of the disease until the system has been invigorated by tonics. Take as an example the case of E. K.—, aged twenty-one, who was admitted into the Roseberry ward on the 18th of last November. She was pale, weakly, and out of health when she was attacked, three weeks before her admission to the hospital, with wandering pains in the limbs and occasional swelling of the joints. On admission, there was swelling of both knees and the left wrist, but no redness and very little tenderness; the skin was warm and moist, the tongue clean, the bowels were regular, the urine was clear, the pulse 84, soft and weak. The guaiacum mixture was ordered to be taken every six hours, with the addition of a drachm of the ammoniated tincture of guaiacum, a scruple of carbonate of potash, and six grains of iodide of potassium. This treatment, with some trifling alteration, was continued until the 3d of December, when, as little or no improvement had taken place, and the pulse was very weak, I substituted the cinchona draught for the guaiacum mixture, and continued the other medicines as before. A marked change occurred immediately. Within a few days her aspect became more healthy; by the 8th the swellings had disappeared; and by the 12th there were no longer any pains in the joints. On the 15th she left the hospital. Let me beg of you, then, to be very watchful for the indications which point to the necessity for tonics. Knowing, as I do, from long experience, how frequently their exhibition is necessary, I am nevertheless too apt, as in this case, to overlook the symptoms which call for their administration. Much more will this be so with you, if you do not bear the fact constantly in mind. A clean tongue and clear urine, when met with coincidently with a cool, moist skin, or a clammy perspiration, are symptoms which denote a languid state of the system, and demand the aid of tonics; and although the form of tonic required may vary in different cases, you will rarely succeed in relieving your patient if you fail to impart tone and vigour to his system. You will see this fact constantly illustrated in practice; and now that your attention has been speci-

ally directed to it, you alone must bear the blame if you do not recognize the necessity when it occurs, and act on the suggestions I have thrown out.

One word before quitting this subject on the frequency of inflammation of the heart in connection with "acute" and "subacute" rheumatism. The statistics which I collected in the wards of this hospital during the period of my registrarship<sup>1</sup> show that whereas the heart is damaged to a greater or less extent in 1 out of every 2 06 of the cases designated "acute" in our wards, it suffers only in 1 out of every 6 65 of the cases which are styled "subacute"; and if this latter class were still further extended, and were made to include examples of rheumatic gout, and cases of rheumatism characterized by severe pain, but unaccompanied by articular swelling or febrile disturbance, the proportion of cases in which the heart would become damaged would fall to 1 in 36.25 cases. In a therapeutic point of view, this difference in the liability to heart affection, according as the rheumatism assumes one type or another, is a matter of grave importance, as proving how much more energetic should be our treatment in one case than in another, and how much more watchful we should be for the accession of cardiac mischief. But its practical bearing on the statistics of heart disease is even more important, for you will readily understand how much more favourable any particular mode of treatment may be made to appear, in reference to cardiac complications, if cases of subacute and chronic rheumatism, and cases of rheumatic gout, are included under the head of acute rheumatism, than they would be if the term acute rheumatism were restricted as it is in the wards of St. George's Hospital.

(To be continued.)

#### HOSPITAL NOTES AND GLEANINGS.

*Amaurosis occurring in a Young Man on Immoderate Smoker of Tobacco.*—G. A., aged 28, a butcher, applied at the Royal London Ophthalmic Hospital, March 25, 1863, on account of partial loss of sight in both eyes.

He was a strong man, having every ap-

<sup>1</sup> See my work on Rheumatism, Rheumatic Gout, and Sciatica, 3d edition, pp. 260—284.

pearance of health. He stated that he had always had good health, that he had never indulged in liquor to excess, and that he had never had syphilis. His occupation had not been of such a nature as to fatigue his eyes. About eight or nine years ago, he began to smoke tobacco, and gradually smoked more and more, till he smoked about half an ounce of strong tobacco a-day. He had not apparently suffered in general health from smoking, but about nine months since his sight began to fail, and had gradually become worse at the time of his admission.

He can now scarcely read No. 18 test-type (canon) with his left eye, and No. 16 (2-line great primer) with his right. Distant large objects are also indistinctly seen. Both pupils are considerably dilated, the irides act slowly and imperfectly. Examined with the ophthalmoscope both optic nerve disks are partially atrophied; the apparent inner half of each is white, the outer red and hyperemic.

Mr. Wordsworth pointed out the case to the class as one of "tobacco amaurosis," of which he had lately seen several in excessive smokers, all being more or less attended by atrophy of the optic nerves. So far as he was aware, this form of amaurosis was quite incurable.—*Med. Times and Gaz.*, April 4, 1863.

*Intra-Pelvic Abscess, presenting in the Groin and extending down the Thigh; Clinical Remarks.*—An interesting case of pelvic abscess was admitted many months back in University College Hospital, which possessed the unusual feature of presenting in the groin. The patient, Anna A.—, a housewife, aged 38, was confined a year and a half before her admission; and some months later an abscess formed in the groin, and gradually extended until it had reached the lower part of the thigh, in its course passing between the femoral vessels. The case was made out to be intra-pelvic abscess, but had been sent into the hospital as one of tumour of the thigh. When examined, the abscess was discovered lying to the inner side of the thigh, upon the adductors, and was the size of a large flattened pear. Mr. Erichsen made an incision (under chloroform) down to the adductor muscles, and pushed a probe into the abscess; a blunt-pointed forceps was then introduced alongside the probe, and on

opening the blades a quantity of thin watery pus gushed out—probably a pint or more. In making the incision, Mr. Erichsen kept to the inner side of the saphena vein, and in some clinical remarks, afterwards made, he observed that the muscular structure was over it, and that it frequently happened there was some large vessel which furnished a quantity of blood; oftentimes there was inflammation of the surrounding structures. He had sometimes seen great hemorrhage from opening such an abscess with a scalpel; and in the present instance it might have been severe if that method had been practised. He recollects an instance in the hospital many years ago, in which a surgeon had opened an abscess in the thigh of a student, whose life was nearly lost from the hemorrhage which ensued; and it actually became necessary to tie the femoral artery before the bleeding could be arrested. He had, a short time since seen a suggestion—made, he believed, by Mr. Hilton—for the opening of an abscess, which was well worthy of recollection: it was to expose the muscular covering, and to pass a steel probe through the muscle into the abscess; a dressing forceps could then be passed into it with the probe as a guide, and on dilating the blades the pus would flow out. This suggestion he had, with great facility, adopted in the present instance. He believed that a drainage-tube acted like a seton, and here it was convenient to introduce one, which he did by means of an eyed-probe with the eye cut off, leaving it like a fork, which could be passed into one of the holes of the drainage-tube, and thus readily introduced into the abscess.

The secretion of pus gradually diminished, and the patient left the hospital some weeks later comparatively well.—*Lancet*, March 14, 1863.

*Farcy treated by Large Doses of Iodide of Potassium—Recovery.*—C. H., aged 52, came to Mr. Savory's consulting-room, St. Bartholomew's Hospital, August 28, 1862, giving the following history of himself: He had been in easy circumstances, as a gentleman's servant, till January, when, being out of employment, he took to the care of a stable and to driving a cab. The stable was known to have been infected with glanders poison for a twelve-month previously, and six or seven horses had suffered from the disease.

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He remained well till the end of May, at which time, after feeling very languid and depressed for some few days, he noticed that the left side of his nose was red, swollen, and painful; and on the mucous membrane of the nostril he found six or seven small, red, and very sensitive pimples. A copious, thick, yellow, and very fetid discharge began to flow from the nose, and a quantity was spat from the back and upper part of the pharynx. The glands under the jaw were enlarged, and he had "kernels along his jugular;" the throat was sore, and deglutition was painful. About a fortnight later, seven or eight "buds" as big as a fourpenny-bit, and about twelve smaller ones, appeared on the left side of the neck and the left arm. These supurated, and, after a time, healed, being succeeded by others which, in their turn, also healed, and gave place to fresh eruptions of similar pustules. The glands in the axilla were enlarged, but the lymphatic trunks seemed unaffected. He now became much emaciated, and so feeble that he could scarcely walk, and, not being able to obtain proper food and good lodgings, fell into the deepest distress.

When he came to the Hospital, the "buds" had ceased to break out; the discharge from both the eye and nose was very abundant, thick, yellow, and fetid. The eye was considerably protruded, and the conjunctiva slightly chemosed. The glands under the jaw and along the side of the neck were still enlarged. He was much emaciated and exceedingly weak. He was ordered to be kept in a room by himself; to take two grains of quinine three times a day, and two pints of porter, with good meat diet.

**August 30.** Seemed more feeble than when admitted. To take a teaspoonful of bark with the quinine, and four ounces of brandy.

**31st.** To take two teaspoonsfuls of bark, instead of one, with the quinine.

**September 8.** Appeared getting worse: the discharge was very copious, and the eye was more prominent than when he was taken in. Ordered two teaspoonsfuls of bark with seven grains of iodide of potassium three times a day.

**26th.** Was certainly improving under the iodide. Had gained strength and was more cheerful, and could take his food better. Discharge about as before. To

take ten grains of the iodide instead of seven.

**October 12.** Was very much better. The eye was less prominent, and the discharge from both it and nose was decreasing. He was gaining flesh, and was able to sit up. To take twelve grains of the iodide three times a day.

**20th.** Was now able to walk about, and expressed himself as nearly well again; general condition good; the discharge though much decreased had not ceased, and the eye was still more prominent than natural. To take fifteen grains of the iodide three times a day.

He was discharged on November 17, at which date, although the secretion from the nose was excessive, it had ceased to be fetid, and the eye had receded into its natural position.

When seen on February 7 he was in good health, and considered that he had entirely got rid of the disease.—*Med. Times and Gaz.*, Feb. 14, 1863.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*American Medical Association.*—The *Buffalo Medical and Surgical Journal* for last month contains the following ominous remarks relative to troubles likely to arise at the forthcoming meeting of the Association. While we are among those who do not accord with the Committee of Arrangement as to the expediency of the Association being called together at the present time, or in the place proposed, we trust that none of the foreshadowed troubles will disturb those who may there assemble.

"This National Medical Association has thus far received the respect and confidence of the profession, and to insure its continuance, the organization itself must be guarded upon all sides from the dangers to which it is exposed. Its action must be above all sectional, political, or personal influences, the interests of the profession—its elevation, protection, and advancement—the only objects of its endeavour. Should it, from neglect and inattention, degenerate into a medium of personal advancement or sectional strife, the power of its influence will soon be lost and itself forgotten; while with high purposes and properly conducted

efforts, the true interests of the profession will be promoted, and confidence and regard continued.

"The membership of this society has been of the most worthy of the profession, and election to office in it regarded as distinguished honour; and whatever action may be taken upon the exciting topics to be presented, we hope every attention may be bestowed upon maintaining the integrity of the society itself. Aspirants for its chief honours are already quite numerous, and we hope that it may be bestowed upon those only who are true to themselves, the profession, and the country; that they may be at least *loyal to the country beyond suspicion*. Though we should most heartily oppose all action of a decidedly political bearing, yet we should regard it a disgrace to the profession and to the country, if the chief honours of the society should be bestowed upon any one suspected even, of disloyalty. That such an idea should be suggested will appear strange, that any physician of the North should be suspected disloyal is very strange. We have our reasons for calling attention to it."

*Circular No. 6—from Surgeon General's Office, Washington, D. C., May 4, 1863.*

I. From the reports of Medical Inspectors and the Sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not infrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the Supply Table, and that no further requisition for this medicine be approved by Medical Directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the Supply Table being a tacit invitation to its use, tartar emetic

is also struck from the Supply Table of the army.

No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. HAMMOND,  
*Surgeon General.*

*Philadelphia County Medical Society, Delegates to State Society.*—The following delegates were elected by the Philadelphia County Medical Society to the Fourteenth Annual Session of the Medical Society of the State of Pennsylvania, which will be held in this city on Wednesday, the 10th day of June next:—

Drs. William Ashmead, Wm. B. Atkinson, John Bell, T. E. Beesley, Franklin Bache, Robert Burns, Joseph Carson, D. F. Condie, James M. Corse, William Darrach, G. Emmerson, Albert Friké, David Gilbert, Lewis P. Gebhard, Jacob Huckel, Henry Hartshorne, Nathan L. Hatfield, William Hunt, George Hamilton, Wilson Jewell, R. S. Kenderdine, John F. Lamb, Joseph Leidy, William Maybury, Samuel Murphy, Andrew Nebinger, Robert E. Rodgers, Alfred Stillé, W. Sargent, R. P. Thomas, Samuel N. Troth, C. P. Tutt, Elleris Wallace, Charles Wittig.

The Ex-officio Delegates from Philadelphia are:—

Drs. F. Bache, John Bell, Joseph Carson, D. F. Condie, Levi Curtis, William Darrach, John F. Lamb, William Maybury, J. Henry Smaltz, A. L. Kennedy.

*University of Pennsylvania.*—The chair of midwifery in the medical department of this university, has been filled by the election of Dr. R. A. F. Penrose, and that of physiology by the election of Dr. F. G. Smith.

*Tenement Houses in the City of New York.*—The recent report of the City Inspector of New York, contains the following summary of the number of tenement houses in that city, and their condition:—

"The total number of tenement houses is given at 12,374, with a population of 401,376, of whom 22,095 live in cellars—a subterraneous population large enough for a small city in itself. A little more than two-thirds of the houses, namely, 8,546, with a population of 253,901, are provided with

good means of escape in case of fire, while 3,801 houses, inhabited by 125,380 persons are deficient in this respect. The ventilation of 8,126 houses containing 238,113 persons, is reported as good, and 4,221 houses containing 141,168 persons, are badly ventilated. The following is an exhibit of the number of cubic feet to each person:—

	No. of Houses.	Population.
Having from 100 to 300	1,909	62,988
" " 300 to 400	3,031	102,348
" " 400 to 500	2,560	78,751
" " 500 to 600	1,681	48,342
" " 600 to 700	1,100	31,752
" " 700 to 800	798	22,281
" " 800 to 1,000	1,288	32,809
Total . . .	12,347	379,281

*Condition of the Streets of the City of New York.*—The City Inspector, in a late report, makes the following statement in regard to this subject.

" Since my last communication of the 26th of March, there has been no improvement in the cleaning of the streets, but on the contrary, the city, at this moment, is in a more filthy condition than has heretofore been the case at this season of the year, notwithstanding the favourable condition of the weather for street-cleaning purposes. As an evidence of the effect of this state of things upon the health of the community, I would state that the mortality of the city from the first of March has been largely on the increase, until it has now reached a point of fearful magnitude. For the week ending April 27, there were reported to this department one hundred and forty more deaths than occurred during the same week of the previous year. Were this increase of mortality the result of an existing pestilence or epidemic among us, the public mind would become justly alarmed as to the future; but, although no actual pestilence, as such, exists, it is by no means certain that we are not preparing the way for some fatal scourge by the no longer to be endured filthy condition of our city."

*OBITUARY RECORD.*—Died, in West Chester, Pa., April 23, Wm. Darlington, M. D., in the 81st year of his age. Dr. D. was one of the ablest botanists in the State, and was universally esteemed for his extensive cultivation and strict integrity.

## FOREIGN INTELLIGENCE.

*Maculated Typhus in London.*—This disease has been prevailing to a great extent in London. We learn from an article in the *Lancet* (April 11, 1863), that in 1860 the total number of admissions into the London Fever Hospital did not exceed 391, of which only 151 were examples of continued fever, and at that time serious thoughts were entertained of converting the institution into an hospital for general diseases. But in the year 1862, the number of admissions rose 2699, or exceeded by 1000 the largest number of admissions in any previous year of the hospital's history. The number of deaths in London from fever during the past twelve months was 3635, which represents an enormous prevalence of fever. The prevalent form of fever is said to be the maculated typhus, the same which decimated the armies in the Crimea, and is, we believe, the same disease of which we have had some few very malignant cases lately in the neighbourhood of Philadelphia.

*Smallpox at the Cape of Good Hope.*—Smallpox has been virulent and very fatal about Moselikatese's country; it has nearly destroyed the tribe of the Bangamwatos, amongst whom the dead were so numerous that they were abandoned to the hyenas.—*Ibid.*

*Medical Secrecy.*—We have already alluded (see No. for April, p. 32) to the discussion going on in the Medical Societies of Paris relative to the obligations of secrecy by medical men. The following lamentable case gave origin to this matter: A young gentleman had paid his addresses to a lady of delicate health, and had been accepted by the family; it, however, came to the ears of the young lady's father that her betrothed had been for some time under the care of a practitioner of considerable eminence, and he had heard such hints thrown out that he judged it proper to call upon the physician with the hope of learning from him whether his intended son-in-law had any complaint that might prove injurious to his daughter, who was herself somewhat of an invalid. He was courteously received by the doctor, who, however, positively refused to give the slightest information as to the state of the youth, his

patient. He declared that it would be a breach of confidence which no circumstance could warrant. The father dwelt upon the necessity of arriving at truth, and stated that the approaching marriage of his daughter filled him with anxiety from what he had accidentally heard. He pleaded in vain; not a syllable was to be obtained from which he could glean any shadow of information. The marriage took place, and fearful were the results. The young wife was affected with secondary syphilitic symptoms, which, from her ignorance and her delicacy, assumed a most formidable character, she not disclosing her state to anybody. An infected infant is brought into the world; the mother, always delicate, dies, and a tragedy of a most afflicting character supervenes, in consequence, as it has been alleged, of the improper silence of the medical man. Arguments on both sides have been heard. At two of the medical societies, the opinion has been given by large majorities that one of the first duties imposed upon the doctor is silence. The oath of Hippocrates to that effect is quoted, and there seems to be a disposition generally to consider that the physician is never warranted to give information as to the state of those consigned to his care. The words of the law which appear in the penal code are,—"Physicians and other persons who by profession are depositaries of secrets confided to them, and who, unless called on by law, shall reveal such secrets, shall be punished by imprisonment from one to six months, and by fine from 100 to 500 francs."

*English Civilization.—Injuries Resulting from the Late Rejoicings in London on the Occasion of the Marriage of the Prince of Wales.*—[The *Lancet* (April 11, 1863) gives the following account of the numerous casualties treated in the various hospitals, and which is not calculated to inspire us with a very high estimate of so much boasted English civilization and refinement.]

At St. Bartholomew's Hospital, three persons were brought in out of the six crushed to death on the night of the illumination in the neighbourhood of Ludgate-hill; a fourth died from a fracture, following injury, during the procession; and a fifth inquest was held on the poor woman who died from disease of the heart in the crowd. On the night of the 11th, about thirty persons were brought in with scalp-wounds,

broken legs and arms, dislocated shoulders, and other injuries. During the following week, about thirty more out-patients were treated for similar injuries. On the whole, at St. Bartholomew's there were about sixty injuries, from torn scalp up to broken legs, and five cases of death. At Guy's, also, there were some dozen of minor injuries, fractured ribs, clavicles, scalp-wounds, &c., and six cases of fractured leg, one resulting in death, and one in amputation of the left thigh and hand. This latter is progressing favourably. At St. George's there were twenty-six cases, of which twenty-one were males, and three females. The injuries were—fracture in twelve, bruises and wounds in thirteen cases, and one dislocation. The skull was fractured in two patients, and the result was fatal in both; so also was a fracture of the spine. The leg was broken in two, and the thigh in one instance. Of the humerus (surgical neck of), the clavicle, and nose, there was each a case of fracture, and three of broken ribs. There were a dozen slight injuries at Westminster Hospital, with two severe cases of fracture, one of the leg, and one of five ribs and the clavicle. At Charing-cross, eight cases, one severe, of a fractured thigh; a couple of fractures at St. Mary's Hospital, and a few slight injuries, with a small contingent of casualties for the remaining hospitals, complete the list. It is far larger than the casualty report of many a sharp engagement.

\* \* \* "Nearly all the fatal cases have occurred among females, and chiefly women venturing alone in the vast crowd. Of the minor casualties, the majority occurred among men, and unquestionably a great number were due to the disgraceful violence of a number of roughs, who were to be found in the crowd, hustling, charging, and directing rushes through the most crowded places. The records of the City hospitals, with the melancholy array of deaths, bear an obvious moral for the police force of the Corporation."

*Consumption of Horseflesh in Berlin.*—A Berlin newspaper makes the statement, that there are at the present time seven markets for horseflesh in that city, in which, during the first ten months of 1862, there were 750 horses slaughtered. No horse is allowed to be slaughtered and sold without the certificate of a Veterinary Surgeon.—*Med. Times and Gaz.*, Feb. 7, 1863.